

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM****Secretary of State****DOCUMENT # P98000032340**

1. Entity Name

J.S. (CHAMPION), INC.

Principal Place of Business

19501 BISCAYNE BLVD., STE. 400

AVENTURA
33180

FL

Mailing Address

19501 BISCAYNE BLVD., STE. 400

AVENTURA
33180

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0852194

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMINE MARIO

TURNBERRY ASSOC. ATTN. LEGAL DPT

19501 BISCAYNE BLVD #400

AVENTURA

FL

33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **MARIO ROMINE****04/28/2000**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	SOFFER JEFFREY	19501 BISCAYNE BLVD., STE. 400	AVENTURA FL 33180	<input type="checkbox"/> Delete			
D	SOFFER JACQUELINE	19501 BISCAYNE BLVD., STE. 400	AVENTURA FL 33180	<input type="checkbox"/> Delete			
<input type="checkbox"/> Change				<input type="checkbox"/> Change			
<input type="checkbox"/> Add				<input type="checkbox"/> Add			
<input type="checkbox"/> Delete				<input type="checkbox"/> Delete			
<input type="checkbox"/> Change				<input type="checkbox"/> Change			
<input type="checkbox"/> Add				<input type="checkbox"/> Add			
<input type="checkbox"/> Delete				<input type="checkbox"/> Delete			
<input type="checkbox"/> Change				<input type="checkbox"/> Change			
<input type="checkbox"/> Add				<input type="checkbox"/> Add			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacqueline Soffer

04/28/2000